

WICHE Professional Student Exchange Program Application
Colorado State Residents
2013-2014 Academic Year

Other circumstances which establish your Colorado residency for tuition purposes: _____

Name & location of your high school: _____

Graduation Date: _____

List all higher education institutions you have attended

Name	Location (City and State)	Dates Attended	Tuition Status (In-state, out-of- state or private)	Date Degree Obtained
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Rank each optometry school you have applied as first, second, third and fourth choice:

_____ Pacific University _____ Southern California College of Optometry _____ Midwestern University _____ Western University

Other Institutions (Names) _____

You are applying for:

_____ Certification (first year) _____ Recertification (certified in Year _____, but did not participate)

When do you expect to graduate from optometry school? _____

I understand that intentional omission or inaccuracy will result in immediate disqualification of financial support from the Colorado WICHE Professional Student Exchange Program and that I will be held liable for repayment of any financial support obtained through incomplete and/or false information.

Signature

Date

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Lawful Presence Verification Requirement

Under Colorado Revised Statutes §24-76.5-103(4), it is necessary that you (1) provide proof of your lawful presence in the United States and (2) execute an affidavit affirming your lawful presence, under penalty of law for any false statement, before your application will be considered.

With this affidavit, to *be signed by you in the presence of a notary public*, you must also produce for verification of your identity and lawful presence *one* of the following:

- (a) a valid CO driver's license or Colorado state ID card;
- (b) U.S. Military card or Military Dependent's ID card;
- (c) U.S. Coast Guard Merchant Mariner card;
- (d) Native tribal document; or
- (e) a tuition classification certification form signed by an authorized United States military education services official as evidence of an applicant's lawful presence in the United States.

Special Instruction to Notary Public: Please make a copy of the identification/document being produced by the affiant as an offer of proof of lawful presence, and attach the copy to this affidavit statement, if a copy has not already been provided by the affiant and attached.

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AFFIDAVIT STATEMENT

I, _____, with my signature below do hereby

solemnly swear or truly and sincerely affirm, and declare under penalty of perjury and all other applicable laws of the state of Colorado that (**check one**):

____ I am a United States citizen;

____ I am a Permanent Resident of the United States; or

____ I am lawfully present in the United States pursuant to Federal law.

I further solemnly swear or truly and sincerely affirm, and declare under penalty of perjury and all other applicable laws of the state of Colorado that the identification instrument produced by me as verification of my lawful presence in the United States, a copy of which is attached to this affidavit statement, is a true and complete instrument validly issued to me and to no other.

I understand that this sworn or affirmed statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

I further acknowledge that making a false, fictitious or fraudulent statement or representation in this affidavit statement is punishable under the criminal laws of Colorado, including but not necessarily limited to as perjury in the second degree under Colorado Revised Statute §18-8-503, *and that it shall constitute a separate criminal offense each time a public benefit is fraudulently received.*

(Print Affiant/Declarant's full name) (Affiant/Declarant's Signature)

Subscribed and sworn to or affirmed before me, in my presence this ____ day

of _____, 20____, a Notary Public in and for the

County and State of _____
(County and State)

(Signature of Notary Public)

My commission expires _____
(Enter month, day and year or stamp)